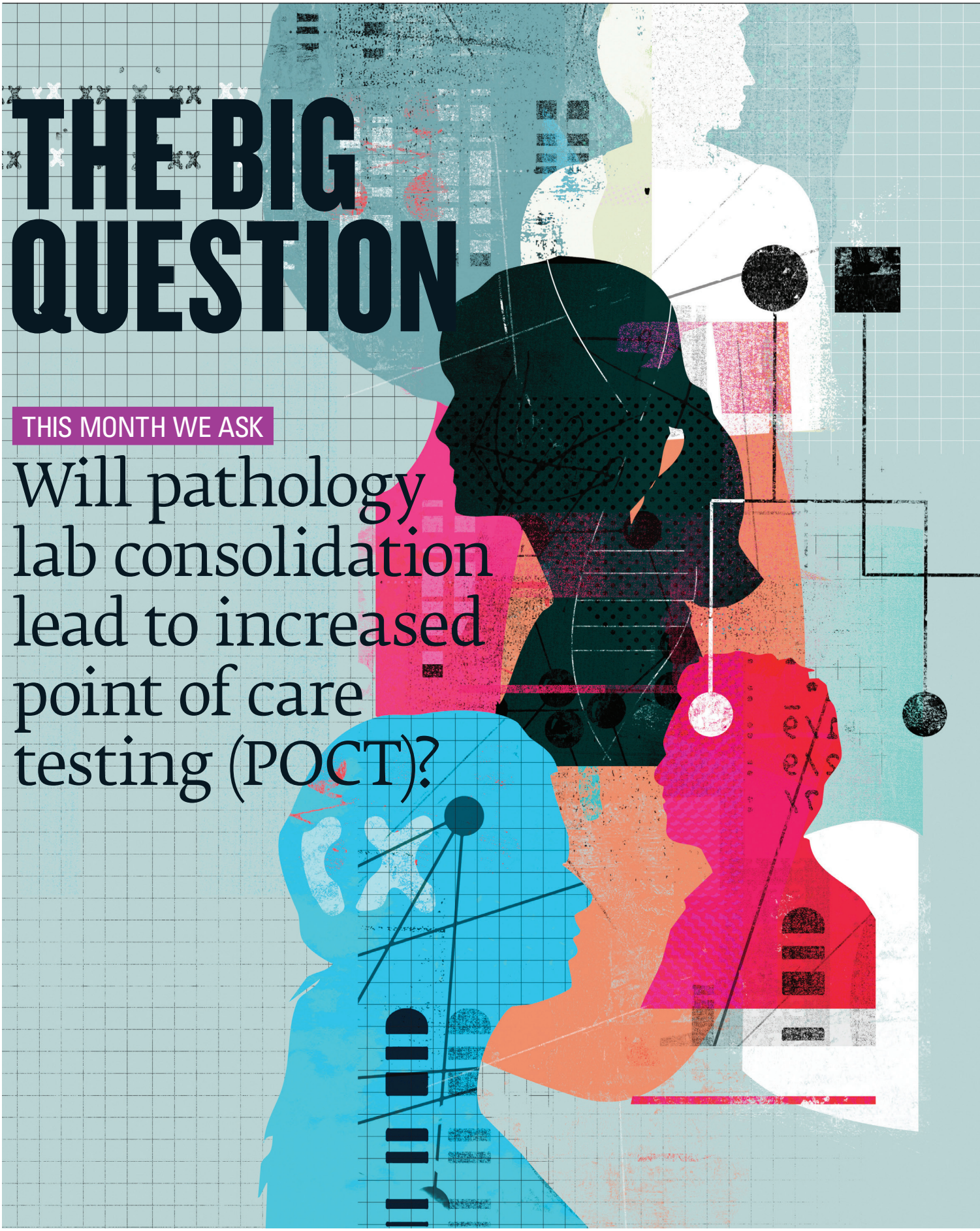
THE BIG QUESTION



THIS MONTH WE ASK

Will pathology lab consolidation lead to increased point of care testing (POCT)?

Charlie Houston

Laboratory Sector Manager
NHS Greater Glasgow and Clyde

No, in my opinion pathology consolidation will not lead to increased POCT.

In NHS Greater Glasgow and Clyde over the past 10 years we have undergone a large amount of organisational change, which has meant a fair amount of consolidation of laboratory medicine with hub and spoke models being implemented across a large geographical area and there has been no significant increase in POCT due to this.

POCT tends to be significantly more expensive than traditional laboratory methods. For example HbA1c analysed by HPLC in the laboratory is approximately £0.20 per test, whereas when analysed by a POCT boronate affinity assay it is approximately 10 times more expensive. If POCT were cheaper, perhaps there would be an increase, however, cost per test is not the only cost involved.

The evidence on cost effectiveness and clinical effectiveness of POCT is limited and more work needs to be done on this. We need to have better information on the resource utilisation across all elements of the care pathway, and how that can bring economic benefit to the stakeholders. If POCT is introduced, there need to be clear business cases with clear benefits identified. If the care pathway for patients does not change with the introduction of POCT, if implemented in consolidation, then the perceived benefits of POCT, whether in the spoke, hub or the community, will not be realised.

IMAGE: SUPERSTOCK

Jamie West

Deputy Head Biomedical Scientist
North West Anglia NHS Foundation Trust

The recently proposed pathology reconfiguration plan, set out by NHS Improvement, involves the formation of a series of 29 networks across England, with non-urgent work centralised at "hub" laboratories. This is based on the recommendations of the Carter report into NHS Pathology Services in England, which identified cost savings of 10% to 20%, which could be achieved by laboratory consolidation of services.

POCT can add great value to patient care. It has huge advantages in being able to provide results quickly during a patient care episode, which can support early interventions in acute care and allow immediate discussions with patients about their care in non-acute settings. The cost per test is generally higher than tests undertaken in a medical laboratory, and the integration of POCT into quality management systems and clinical governance systems is variable. It is also limited in the repertoire of tests it can provide by the technology available.

NHS Impovement has advised that "access to pathology services won't change – core services will remain in hospital labs", reaffirming the importance of on-site pathology for hospitals that offer acute services. The question then remains as to whether POCT will be used in non-acute settings to support clinical services, and the answer should be clear – we all have a responsibility to ensure that the quality of laboratory services are maintained so POCT is implemented where an evidence based improvement in patient care can be demonstrated.

Sarah Glover

POCT Clinical Lead
Harrogate and District NHS Foundation Trust

Pathology consolidation will no doubt increase the POCT demand, as demonstrated by rationalisation projects undertaken recently, for example, the service redesign carried out by Northumbria Healthcare NHS Foundation Trust. It is essential we consider whether POCT is the most appropriate service model to support clinically effective care pathways for patients. We have a responsibility to ensure it is clinically- and cost-effective.

We must ensure quality and patient safety are at the heart of our diagnostic and clinical services